

280497
RTSC 2018. 264T

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018-158-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Rosezina McCrae
Address: 1710 W. Darlington st.
Florence, SC 29501

Telephone: 843 617-3444
Fax: 843 472-5093
Other: _____
Email: Rosezinamccrae@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED
NOV 22 2018
PSC SC
CLERK'S OFFICE

RECEIVED
DEC 04 2018
PSC SC
CLERK'S OFFICE

CLASS C REINSTATEMENT FORM

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
--	--

DATE: 12-4-2018

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 2017-1588-T 9291
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☐ Stretcher Van Certificate Number _____

My certificate was revoked/cancelled on 2/18/2018 because company
(DATE)
cancelled due to underwriting reasons

I am seeking reinstatement because this is my only source of income

Roseanne McCrae
 (Name of Company)

DBA _____
 (if applicable)

1710 W. Burlington St
 (Street Address)

Same
 (Mailing Address if different from Street Address)

Florence SC 29501
 (City, State, Zip Code)

Roseanne McCrae
 (Signature)

843-617-3444
 (Telephone Number)

Owner
 (Title) Owner, President, etc.